



TOWN OF UXBRIDGE
BOARD OF HEALTH
TOWN HALL
21 SOUTH MAIN STREET
UXBRIDGE, MASSACHUSETTS 01569

**APPLICATION
BODY ART ESTABLISHMENT LICENSE**

\$_____ Per Year (Non-refundable fee due upon approval of application/renewal)

A. Definition of Services to be provided:

B. Name of Body Art Establishment: _____
Address of Establishment: _____
Telephone # of Establishment: _____

C. Name of Applicant: _____
Address of Applicant: _____
Telephone # of Applicant: _____

D. Names, addresses and telephone numbers of licensed Body Art Practitioners:

1. _____
2. _____
3. _____
4. _____

E. List the Manufacturer, model number, model year and serial number of the Autoclave used in this establishment:

1. Must supply documentation of the Autoclave's ability to destroy spores (Section 22.4 (C) (4))

F. Attach a drawing of the floor plan of the proposed establishment to scale.

G. Attach a copy of the applicant's driver license.

H. Provide proof of Worker's Compensation Coverage in accordance with M.G.L. Chapter 152, section 25.

OVER

- I. If water supply is other than Municipal water – Provide testing for negative bacterial assay of the water. Circle one – Municipal Water Private Water
- J. Provide copy of the Exposure Report Plan.

I hereby declare, under penalty of perjury, that the foregoing information contained in this application is true and correct.

I have received, read and understand the requirements of the Uxbridge Board of Health Body Art Regulations, Article XXII.

Signature of Applicant: _____

Date: _____

- A permit for Body Art Establishments shall not be transferable from one place or person to another. This requires a new application and license.
- A satisfactory inspection by the Board of Health is required before issuance of the Body Art Establishment permit.